EXHIBIT Q

020626

OCT 0 1 2002

R&D - CENTRAL FILE

Medical Director:

| Appendix I CONCEPT DEVICE DESIGN SAI | Appendix I CONCEPT DEVICE DESIGN SAFETY ASSESSMENT (DDSA) APPROVAL PAGE |
|---|---|
| DESIGN SAFETY ASSESSMENT | REVISION: 1 |
| · · · · · · · · · · · · · · · · · · · | REVISION DATE: 6/6/02 |
| Product Name: | GYNEMESH * PROLENE Soft Mesh |
| Product Code: | GPSL |
| RMC | N/A N/A |
| Project Leader: | Maggie D' Aversa Lange 1 1 1 02 |
| ANALYSIS TEAM | ASSOCIATE NAME |
| Development Engineer/Scientist: | Elbert Katrin V |
| Manufacturing/Technical Services | Irene Lee |
| Engineer: | Maritza Molina |
| Quality Assurance Engineer: | Enilma Miller |
| Regulatory Affairs: | Sean O'Bryan |
| Other: | Richard Isenberg |
| | Paul Parisi Jay Janu 7-31-02 |
| | Cyrus Guidry (12 7.31.02 |
| DISPOSITION/APPROVAL: | |
| The Gast Co | I deem this analysis to be true and a complete reflection of |
| Wagge D'Aversa Korrin Elbont | |
| Development Engineer/Scientist | design to be safe for use: (Check one:):Yes;:No. |
| Mars 1 | I deem this analysis to be true and a complete reflection of |
| Trene Lee/ Maritza Molina | facts as known at the time of this analysis. I find this device |
| Manufacturing Engineer | design to be safe for use: (Check one:) :Yes; :No. |
| 1111 | I deem this analysis to be true and a complete reflection of |
| Enilma Miller \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | facts as known at the time of this analysis. I find this device |
| Quality Assurance Engineer | design to be safe for use: (Check one:) /: Yes; |
| Han J. Man | I deem this analysis to be true and a complete reflection of |
| an | facts as known at the time of this analysis. I find this device |
| Regulatory Affairs | design to be safe for use: (Check one:) .Yes; .No. |
| | |

OF350-010 CP1998SEF001

OP550-010 CP1998SEF001 Appendix II

DEVICE DESIGN SAFETY ASSESSMENT (DDSA) SUMMARY REPORT (Revision 1

PROLENE* monofilament fiber. The product is used for tissue reinforcement and long -lasting of the pelvic floor in vaginal wall prolapse where surgical treatment is intended, either as mechanical support or bridging material for the fascial defect. **DEVICE**: (Provide a description of the overall device system) A non-absorbable polypropylene mesh, manufactured out

SCOPE of the DESIGN SAFETY ASSESSMENT: (Define the scope of this risk assessment)

Subsystem Component This risk assessment was completed on (check one): X Device This DDSA is applicable to the GYNEMESH* PROLENE Soft mesh product and will identify any hazards associated

with this new product offering.

Define the intended use of the reviewed item:

GYNEMESHTM PROLENE Soft Mesh is used for tissue reinforcement and long -lasting stabilization of fascial structures of the pelvic floor in vaginal wall prolapse where surgical treatment is intended, either as mechanical support or bridging material for

Briefly, describe the revision to the device or sub-system that preceded a revision to the DDSA:

Initial version of DDSA.

the fascial defect.

Revision 1 Final DDSA document

HIGHLY CONFIDENTIAL SUBJECT TO STIPULATION AND ORDER OF CONFIDENTIALITY

| ACTIVITY | YES/NO/NA | HIT H | FNUMMOO |
|---|-----------|---------------------|----------------------------|
| | | DEFEDENCE | COMMENT |
| t | 2011 | KEFEKENCE | |
| acteristics that could affect safety have been | YES | D&D Plan & | |
| | | Material | |
| | YES | Re: GYNEMESH | |
| Indications/Contraindications and intended use | | Product Insert | |
| The intended user, his required skill and training | | | |
| Interaction of device with the patient as user: | | | |
| The operational, transport, cleaning and storage environments have been | | | |
| | | | |
| Long term use of equivalent product has been considered from both the positive YI | YES | Re: Clinical and | Raw Materials and |
| | | Scientific reports | Indications for device |
| Clinical/Scientific reports, both internal and published: | | | similar to the Soft |
| Device failure reports: | | | PROLENE mesh |
| The contact conditions and timing with the patient have been considered. | YES. | Re: Clinical and | Raw Materials and |
| | | Scientific reports | Indications for device |
| | | | similar to the Soft |
| | | | PROLENE mesh |
| Materials and components used for fabrication and manufacture have been YI | YES | Ref: Soft | Raw materials are |
| considered. | | PROLENE Mesh | chemically unchanged – |
| Chemical nature, quantitative formulation, additives, processing aids, | | Biocompatibility | The Soft PROLENE |
| monomers, catalysts, residues: | | Strategy | Resins utilized in clear |
| Concentration, availability, toxicity: | | | and blue pigmented |
| Dioucial agus of this material and long term effectiveness in equivalent | | | sutures have been utilized |
| application can be demonstrated: | | | in the fabrication of this |
| Appropriate biocompatability testing to EN 30993: | | | mesh. |
| | YES | Product Insert – | Raw materials are |
| possible and sterilization method, device storage, shelf-life, and disposal have | | Warnings section | chemically unchanged - |
| been considered. | | ચ | Soft PROLENE Resin |
| | | 1) Sterilization 2) | Do not re-sterilizer this |
| | | Storage Stability | product |
| | | Strategy | |

•

| ACTIVITY | YES/NO/NA | FILE | COMMENT |
|--|-----------|--------------------------------|---------------------------------------|
| | | REFERENCE | |
| The accuracy and precision of measurement parameters executed by the device and their interpretation has been considered. | N/A | N/A | |
| The need for routine maintenance or calibration of the device, and the method of provision has been considered. | N/A. | N/A | |
| Interactions with other devices or drugs, and any potential problems have been considered. | YES | N/A | Raw material is chemically unchanged. |
| Delayed or long term use of the device, ergonomic and accumulative effects have been considered | YES | N/A | |
| A Device Specification exists. | YES | N/A | |
| A PBOM has been defined. | YES | N/A | |
| A requirement or finished goods specification is available. | YES | N/A | |
| Manufacturing and Material specifications are available. | YES | N/A | |
| Surgical technique, labels, warnings and other instructions for use (cleaning, sterilization, use, maintenance, and disposal) are available. | YES | Product Insert | See package Insert |
| Device marketing brochures, or other sales literature, have been considered. | YES | Indications&Clai ms Defined | Sales Literature |

OPe50-010 CP2000SEF002 Appendix III

QUALITATIVE & QUANTITATIVE CHARACTERISTICS WORKSHEET

| | - | | RESPONSE | ONSE | |
|-----------------|------|--|----------|------|--|
| CHARACTERISTIC | r \ | ISSUE | N/A | YES | COMMENT |
| Intended Use | 1) | Is special training of the intended user needed? | X | | If yes, please attach training plan |
| | 5) | Does use of the device impose any ergonomic factors or effects? | × | | If yes, please attach plan. |
| | 3) | Are there any environmental factors that could influence safety/function of the device? | × | | If yes, please define the limits. |
| | 4 | Can the patient control or influence the use of the device? | × | | If yes, please define the training plan for the user. |
| | (5) | Is device safety/functionality compromised based upon the patient (such as elderly, diabetic, handicapped, or other)? | × | | If yes, please define the nature of the compromise and the limits. |
| Patient Contact | 9 | Does device use utilize surface contact to the patient? | | × | Permanent prosthetic implant. |
| | (| Does device use utilize invasive contact with the patient? | | × | Permanent prosthetic implant. |
| | 8 | Does device use require implantation? | | × | Permanent prosthetic implant. |
| Materials | (6 | Define the materials utilized in the construction of the device. Highlight those materials that will involve direct patient contact | | × | Prolene - Polypropylene (blue pigmented and clear). The processes utilized in the manufacture of the material are unchanged relative to Soft PROLENE mesh. |
| | 10 | 10) Have the materials been tested for toxicity and biocompatability? | | Х | Ref: DHF of Soft PROLENE Biocompatibility section from T. Barbolt. |
| | [11] | 11) Have the materials been tested for carcinogenicity, teratology, and mutagenicity (as appropriate)? | | × | Ref: DHF Soft PROLENE Mesh |
| | 12 | 12) Is the strength of load-bearing materials sufficient for the intended use? | | X | Ref.: Clinical Literature search |
| | | | | | |

HIGHLY CONFIDENTIAL SUBJECT TO STIPULATION AND ORDER OF CONFIDENTIALITY

OPe50-010 CP2000SEF002 Appendix III

| | | RESP | RESPONSE | |
|--------------------------------|--|------|----------|--|
| CHARACTERISTIC | ISSUE | N/A | YES | COMMENT |
| 4 Energy | 13) Is energy delivered to and/or extracted from the patient? | × | | If no, proceed to the next section. |
| | 14) Describe the type of energy transferred. | | | |
| | 15) Is the energy output is controlled, in terms of quality, quantity, and time-function | | | |
| 5 Substances | 16) Are substances delivered to and/or extracted from the patient? | × | | |
| | 17) Is the device absorbable? | × | | ple |
| | | | | listing of all by-products produces |
| | | | | legradation |
| | | × | | If yes, please identify the |
| | above been tested for biocompatability at the appropriate concentrations? | | | location of appropriate reports. |
| | 19) Is the transfer rate (delivery/extraction) of substances | × | | If yes, please describe how |
| | controlled? | | | the transfer rate is |
| | | | | controlled. |
| | 20) What is the maximum/minimum substance transfer rate? | | | |
| 6 Biological Materials | 21) Are biological materials processed by the device for | × | | If not, proceed to the next |
| | subsequent re-use? | | | section. |
| | 22) Is the device disposable? | T. | | |
| | 23) Are those components contacting biological materials cleanable and sterilizable? | | | |
| | 24) Are those components contacting biological materials compatible? | | | |
| 7 Sterility - Supplied Sterile | 7 Sterility - Supplied Sterile 25) Is the device supplied sterile? | | × | If not, please proceed to the next section. |
| | 26) Identify the method of sterilization | | | Ethylene Oxide - Cycle "J". DHF:Soft PROLENE Mesh |
| | | | | |

OF550-010 CP2000SEF002 Appendix III

| | | RESP | RESPONSE | |
|---------------------------------------|---|------|----------|---|
| CHARACTERISTIC | ISSUE | N/A | YES | COMMENT |
| | 27) Is the sterilization method compatible with the materials? | | × | No change to existing Material. |
| | 28) Are the materials stable after sterilization? | | × | No change to existing materials. |
| | 29) Is the device design sterilizable? | | × | No change to existing materials. |
| | 30) Is the package designed to provide for sterilization of the device? | | × | Packaging is Tyvek Copolymer with paper folder. |
| | 31) Has the shelf life of the system been determined? | | × | No change to existing materials - DHF: Soft PROLENE Storage Stability |
| | 32) Is the device re-usable? | × | | If not, please proceed to the next section. |
| | 33) Are there limitations to the number of re-use cycles? | | | |
| | 34) Are there restrictions to sterilization methods utilized by the user of the device? | | ř | |
| 8 Sterility - Supplied Non-Sterile | 35) Is the device to be disinfected by the user? | × | | If not, please proceed to the next section. |
| | 36) Is the method of disinfected and cycle parameters defined? | | | |
| | 37) Is the packaging of the product during sterilization specified? | | , | |
| | 38) Does sterilization validation data exist for the recommended sterilization cycle? | | | |
| | 39) Were other methods of sterilization examined? | | | |
| 8 Sterility - Supplied Non-Sterile | 40) Has the shelf life of the system been determined? | × | | If yes, please specify location of reports. |
| 14011-3161116 | | | | 7 |

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| | | RESP | RESPONSE | |
|--|---|------|----------|---|
| CHARACTERISTIC | ISSUE | N/A | YES | COMMENT |
| 9 Environment | 41) Is the device intended to modify the patient environment? | × | | If not, please proceed to the next section. |
| | 42) What is the effect of temperature on the system performance? | | | |
| | 43) What is the effect of humidity on the system performance? | | Ä | |
| | 44) What is the effect of atmospheric gas concentration on system performance? | l d | | |
| | 45) What is the effect of pressure on system performance? | | | |
| 10 Measurements | 46) Does the device make measurements? | × | | If not, please proceed to the next section. |
| | 47) Is there interference of the desired parameter with other possible measurements? | | | |
| | 48) Is the accuracy of the measurement known at point of use? | | | |
| | 49) Is the precision of the measurement known? | | | |
| 11 Interpretive | 50) Are conclusions presented by the device based upon measurements, input, or acquired data? | × | | If yes, please specify location of software validation reports. |
| 12 Interactions | 51) Is the device intended to control or interact with other devices or drugs? | Х | | If not, please proceed to the next section |
| | 52) If the device is used with other devices or drugs, is there a potential interaction? | | | |
| | 53) Does the interaction render any safety or functional changes to the device? | | i, | |
| | 54) Does the interaction render any safety or functional changes to the other device? | | Ħ | |
| 13 Extraneous Unwanted Energy or Substances | 55) Are there any unwanted outputs of energy or substances? | × | | If not, please proceed to the next section |
| | | | | |

| | | RESPONSE | ONSE | | | |
|--------------------------------|---|----------|------|---|------------------------|--|
| CHARACTERISTIC | ISSUE | N/A | YES |) | COMMENT | |
| | 56) Does noise affect the device output? | | | | | |
| | 57) Does vibration affect the device output? | | | | | |
| | 58) Does heat affect the device output? | | | | | |
| | 59) Does ionizing radiation affect the device output? | | | | | |
| | 60) Does non-ionizing radiation affect the device output? | | | | | |
| | 61) Does UV/visible/IR radiation affect the device output? | | | | | |
| | 62) Do leakage currents affect the device output? | | | | | se k |
| | 63) Do electric/magnetic fields affect the device output? | | | 3 V 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | The state of the s |
| | 64) Do contact temperatures affect the device output? | | | | | |
| | 65) Does discharge of chemicals affect the device output? | | | | | |
| | 66) Does discharge of waste products affect the device output? | | | | | |
| | 67) Does discharge of body fluids affect the device's output? | | | | | |
| 14 Environmental Influences | 68) Is the device susceptible to environmental influences? | × | | If not, please proceed to the next section. | oceed to the ne | xt section. |
| | 69) Do shipping temperatures affect device safety or functionality? | | | | | |
| | 70) Does storage temperatures, humidity, or light affect device safety or functionality? | | | | | |
| | 71) Does spillage on the device affect safety or functionality? | | | | | |
| | 72) Do fluctuations in the power affect the device output or safety? | | | | | |
| | 73) Does variation in the operating temperature, humidity, or light affect the device output or safety? | | | | | |
| | 74) Does variation in the operating humidity affect the device output of safety? | | | | | |
| 15 Accessories | 75) Are there essential consumables or accessories associated with the device? | X | | If yes, ple limits. | please state | the |
| 16 Preventative Maintenance | 76) Is preventative maintenance necessary? | × | | If not, plea next section | please proceed tion | ed to the |
| | | | | | | |

| | 01 | | | |
|----------------------|--|----------|----------|--|
| | | RESP | RESPONSE | |
| CHARACTERISTIC | ISSUE | N/A | YES | COMMENT |
| | 77) Can the operator perform preventative maintenance? | | | |
| | 78) Is a specialist needed to perform preventative maintenance? | # | | |
| 17 Calibration | 79) Is calibration necessary? | × | | If not, please proceed to the next section |
| | 80) Can the operator calibrate the device? | ŧ | * | |
| | 81) Is an external calibration of the device needed? | | | |
| | 82) Is the calibration frequency defined? | ¥ | F | |
| 18 Software | 83) Does the device contain software? | X | | If not, please proceed to the next section |
| | 84) Can the operator access the software code? | | | |
| | 85) Are there means to prevent the operator from modifying the code? | | | |
| 19 Shelf-life | 86) Does the device have a restricted shelf life? | | X | 5 years - No change to existing materials - DHF: Storage Stability Committee |
| | 87) Does the package contain an indicator for stability? | × | | |
| 20 Long-term Effects | 88) Are there any delayed or long-term user effects? | × | | |
| | ADD ADDITIONAL CHARACTERISTICS, AS NEEDED | | | |
| | | | | |
| | | | | |

QUALITATIVE & QUANTITATIVE CHARACTERISTICS WORKSHEET

| | 11 | | | |
|---|-------|----------|-----|---------|
| | | RESPONSE | NSE | |
| | ISSUE | N/A YES | YES | COMMENT |
| | | | | |
| | | | | |
| l | | | | |
| | | | | |

HIGHLY CONFIDENTIAL SUBJECT TO STIPULATION AND ORDER OF CONFIDENTIALITY

OP650-010 CP2001SEF004 Appendix IV

12 USE RELATED HAZARDS

| Place an "X" in the box appropriate for the device being evaluated. | RESI | PONSE | ACTION |
|---|------|-------|--|
| ISSUE | NO | YES | |
| 1) Have safety or efficacy issues occurred in the use of predicate, or other similar, devices? | X | | |
| 2) Could the user incorrectly setup the device that may potentially result in a safety or efficacy event? | Х | | |
| 3) Identify the critical steps in setting up and operating the device. Can these functions be performed adequately by all of the intended users? | | X | See note * |
| 4) Does this device replace an existing device for the same medical procedure or indication for use? | | X | If yes, continue to #5; if no, continue to #7 |
| 5) Does the device visually resemble the existing device? | | X | If yes, continue to #6; if no, continue to #7 |
| 6) Will the device operate as intended if it is operated in the manner utilized for the existing device? | | Х | If yes, continue to #7; if no, explain ramifications. |
| 7) Is the user likely to use the device in a manner other than that described in the Instructions for Use? | X | | If yes, explain ramifications |
| 8) Is special training needed for the safe and effective use of the device? | X | | If yes, provide plan for accomplishing this training |
| 9) If storage and maintenance requirements are not followed, could use of the device result in an unsafe or ineffective use? | Х | | If yes, provide plan to mitigate the event. |
| 10) Is safe and effective use of the device complex? Under high stress conditions, could the user become confused such that the device results in an unsafe condition? | X | | If yes, provide plan to mitigate the event |
| 11) Are the auditory and visual alarms appropriate for all users and use environments? | X | | Device is an implant and does not have alarms. |
| 12) If necessary device accessories are expired, damaged, missing, or different from those recommended, could use of the device result in an unsafe or ineffective treatment? | Х | | No accessories required for use. |
| 13) Is safe operation of the device resistant to "typical" handling? | | X | If no, provide plan to mitigate the event |
| 14) Could device safety be affected if power is lost or disconnected (inadvertently or purposefully); if its battery is damaged, missing or dead? | Х | | N/A |
| 15) Is the status of the device's connection to the patient apparent where necessary? | | | Device is an implant and does not connect to the patient for |

OP650-010 CP2001SEF004 Appendix IV

13 USE RELATED HAZARDS

| Place an "X" in the box appropriate for the device being evaluated. | RESI | PONSE | ACTION |
|---|------|-------|---------------------|
| ISSUE | NO | YES | |
| | | | feedback/monitoring |

^{*}The surgeon will apply it in the appropriate area by means of sutures, staples, or other appropriate surgical means.

OPo50-010 Version #1 Appendix IX

i

CONTROL PLAN

REFERENCES Literature search Literature search Literature search Ref.: Clinical Ref.: Clinical Ref.: Clinical Clinical follow up design will assess COMMENT will assess this Clinical study Clinical study this parameter Clinical study Clinical study Clinical study Clinical study this parameter this parameter this parameter this parameter this parameter parameter CLASS FAULT Ö ပ O C C C Σ C S RISK LEVEL \equiv \equiv PROBABILITY HAZARD 2 a SEVERITY HARM Loss of Mechanical Integrity – Intraoperative implantation(interference Integrity - postoperative with instrument used Tear during material Tear after implanted Loss of Mechanical HAZARD during procedure) Suture Pull out Sharp edges Tear during handling Erosion Fraying NUMBER LINE 9